

REQUEST FOR AMENDMENT

Grant Recipient: _____ Grant # _____

Check the type of amendment requested and answer the corresponding questions.

Type of Amendment: () Scope of Work () Budget () Extension

Scope of Work:

- (1) Attach revised Scope of Work as you would like it amended.
- (2) Reason for requesting a change in the Scope of Work:

Budget:

- (1) Attach a revised budget shown **exactly** as you would like it amended.
- (2) Reasons for requesting a change in the budget.

Extension – Length of the extension requested. (List date by month, day year). _____
Reason the project(s) cannot be completed under the original contract period.

Signature - Organization's Chief Official: _____ Date: _____

Signature - Grant Manager: _____ Date: _____

FOR DEPARTMENT OF COMMERCE USE ONLY

() ITC APPROVED

() ITC DENIED

Travel Grant Analyst: _____ Date: _____

Director, Dept. of Commerce: _____ Date: _____

() IDOC STAFF APPROVED

() IDOC STAFF DENIED

Travel Grant Analyst: _____ Date: _____